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JANUARY 1935

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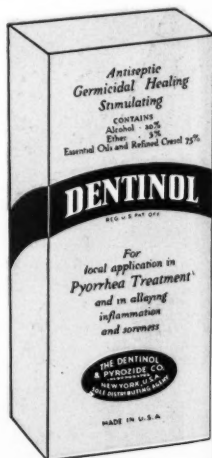
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JANUARY, 1935

What One Man Saw

at the

NEW YORK CENTENNIAL

By FRANK ENTWISTLE, D.D.S.

NOT more than ten years ago officers of the First and Second District Societies of the State of New York had what was, in my opinion, a real inspiration. They decided to hold a joint meeting of their two organizations every December. Apparently the idea was to give dentists of Manhattan and Brooklyn an opportunity to bury the hatchet and submerge local jealousies for at least a few days each year. The result has been an exciting, stimulating, often brilliant gathering with only one blight—its name, "The Greater New York December Meeting for Better Dentistry."

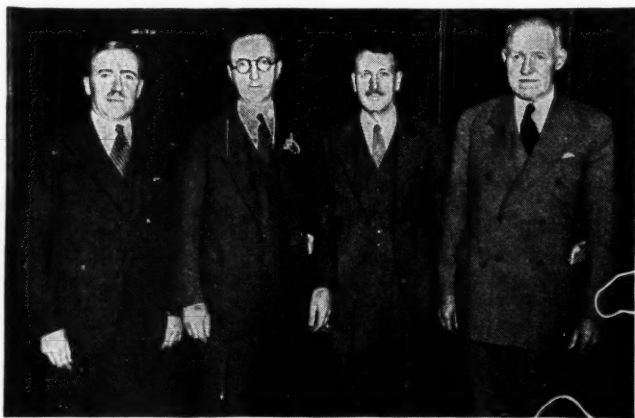
After years of struggling under the burden of this boastful title, the convention emerged this year as "The New York Dental Centennial" to commemorate the founding one hundred years ago of the first dental society in America. From December third to seventh New York's Hotel Pennsylvania was the background for a dizzy round of clinics, scientific sessions, round table discussions,

historic exhibits, and social affairs.

Both morning and afternoon sessions of the first day were given over to the fourth annual combined medical-dental meeting. The programs were arranged by a joint committee of the organized medical and dental professions of Greater New York with the object of calling the attention of both professions to the close relationship existing between systemic and dental disease and to stimulate more interest and greater cooperation between the physician and dentist.

A grand idea, these joint meetings—they give both sides the opportunity to read ringingly non-committal papers; to congratulate each other on the tremendous advances recently made in medical and dental knowledge; and to assure each other that the public is lucky to have such a learned and conscientious group to turn to in times of sickness.

The first general session was scheduled for eight o'clock that evening, but, as is usual on first nights, the curtain was rung up



More than 8,000 representatives of the dental and medical professions attended the opening session of the New York Dental Centennial. Photo shows (left to right) officers of the First District Dental Society: Doctor Jacob Schneer, Vice-President; Doctor F. Brophy, President; Doctor Waite Cotton, President-Elect; and Doctor John Peters, elected Secretary of the Society.

forty-five minutes late. The usual introductions and introductory remarks were cut to a minimum, but it was after nine before Doctor Frank M. Casto, president of the American Dental Association, swung into his paper on "The Transition in the Art and Science of Dentistry." He started with the Pilgrim Fathers and worked up to the present to prove that literature, education, and organization are the three essential factors in the evolution of the art and science of dentistry from a craft to a profession.

Doctor E. C. Rosenow's paper, "The Importance of Focal Infection as Related to Health," was grand. How anyone after listening to him can have the

slightest doubt regarding the tremendous damage done by focal infection is beyond me. In the simplest language he arraigned the streptococcus, describing his experiments, and by lantern slides and moving pictures illustrated the specificity of the cultures obtained in them.

Now it's no particular business of mine, and certainly it's not a friendly reportorial act to keep harping on the fact that the meeting was so late in starting, but the reason will now be given. After Doctor Rosenow, Doctor Homer C. Brown, director of Legislative Activities for the American Dental Association was scheduled to speak.¹¹ He did—to a

very sparsely filled room. Around eleven o'clock dentists who have been indoors all day begin to get tired, and when Doctor Rosenow finished, the room just about emptied. A speaker who has traveled a thousand miles to say his piece must find that not particularly encouraging.

Tuesday morning the meeting really took off its coat, rolled up its sleeves, and went to work. Clinics, eighteen of them, each lasting one hour and each in its own separate room, started at ten o'clock, and were repeated at eleven. The parade was led by the Detroit Clinic Club—and do those boys know their stuff! Eight of them presented a complete study of the gold inlay; a separate man for each step. This clinic lasted two hours and was deserving of, and hereby receives, special mention. The other seventeen clinics covered interesting subjects as widely separate as "Cavity Preparation in Deciduous Molars" and "Full Denture Impression Technique."

All these clinics were repeated on Wednesday and Thursday mornings, giving several hundred of the lads an opportunity to take notes on the backs of old envelopes, which are generally lost before the chance comes to utilize the valuable tips thus garnered.

Seriously, though, these short clinics serve a useful purpose. They arouse one's enthusiasm; and though the time is too short to cover thoroughly any phase of dental technique, some time

or labor-saving hint can always be picked up in them. Why, after listening to Doctor Cole of Detroit, I dashed down to the manufacturers' exhibit and bought a set of trick impression trays, firmly convinced that—at last—the logical method of taking impressions of edentulous cases has been discovered. My only worry now is that I may lose my notes or forget his valuable teachings before a couple of full denture cases wander into the office.

Tuesday, Wednesday, and Thursday afternoons and Friday morning were devoted to Scientific Section meetings at which every phase of dentistry was covered. Every branch of operative and prosthetic dentistry, oral surgery and anesthesia, oral pathology, orthodontia, all came in for learned and weighty discussion, with occasional detours into such interesting fields as "The Use of Snake Venom in the Treatment of Hemorrhagic Symptoms" and "Changes in Teeth of Rats Consuming a Ration Extremely Low in Inorganic Salts." In the face of that, I ask you, could anyone deny the status of dentistry as a learned profession? We may not understand much of what the learned gentleman is talking about, but, by gosh! we sit there and take it.

I was particularly impressed by Doctor John J. Posner's discussion of local anesthesia. There's a man who can debunk his subject and bring it down to its fundamental essentials in a couple of sentences. He was

the bright spot, the light touch, in an otherwise ponderous afternoon; and in sincere gratitude, and entirely without his knowledge or consent, I make this acknowledgment.

On Tuesday evening the highly controversial subject of diet in relation to dental disease was discussed. Doctor Martha R. Jones, of Honolulu, read the paper. Her studies in Hawaii have led her to believe that dental caries can be guarded against by increasing the alkalinity of the diet. A merry little battle was started by Doctor Weston A. Price who discussed the paper and cited his discoveries among primitive races of almost perfect dental health maintained on a completely acid diet. Peace was restored when both agreed that dental caries can be controlled by diet; and that white flour, refined sugar, and the rest of our denatured common foods are, as far as we know, contributing factors in the development of dental caries.

On Wednesday night a pretentious pageant, "The Onward March of Dentistry," was presented. It portrayed the advance made by our profession since 1734, when the first American dentist hung out his sign in New York. With some assistance from Gilbert and Sullivan and a few professionals scattered in strategic positions throughout the cast it demonstrated convincingly that few dentists are good actors.

On Friday afternoon sixty-five table clinics filled the

Southeast and Small Ball Rooms. These have always been a popular feature of the annual meeting. The Clinic Club of the Oral Surgery Section of the Second District Society had a half-dozen tables which were well attended.

Friday evening was devoted to the reading of prize essays and the awarding of medals and prizes which they won. Doubtless they were masterly presentations and will be published in the serious dental magazines, but of them we have nothing to report; for, by this time, this correspondent was moving in a mental fog. The human mind can absorb just so much, after which it tires rapidly. Some tire more rapidly than others, I grant you, as anyone reading this will appreciate. But for most human ills there is an antidote. Friday was also get-away night for the exhibitors; and the exhibitors were doing what sales-lads generally do at the end of an hysterical week—doing it is so much more easily, safely, and comfortably done than during prohibition. I helped a few of them to offer up thanks that the Centennial of American Dentistry had been so successfully and fittingly commemorated.

The meeting was covered more fully by the New York papers than any previous one, and was treated by them in a serious and dignified manner. The absence of the alleged humor with which the newspapers in the past treated serious den-

(Continued on page 31)

WHAT *is your* Vote on HEALTH INSURANCE?

To the Readers of Oral Hygiene:

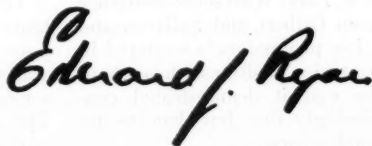
In an attempt to make an impartial study of the attitudes of the dental profession on the subject of health insurance, this magazine is sponsoring a national poll. Between this page and the next is attached a postal card ballot that has been carefully prepared after consultation with authorities on the subject of health insurance. Interested readers are respectfully asked to study the questions with care; to mark and mail the card without delay. No postage is required.

THE POLL WILL CLOSE ON JANUARY 26, 1935.

The data supplied on the returned ballots will be interpreted according to valid statistical methods by competent workers under the direction of Peter T. Swanish, Ph.D., Chairman of the Department of Economics, Loyola University, Chicago. Results of this test vote will be published in the March issue of this magazine.

If and when any legislation on health insurance, either by the several states or by Congress, is considered, the attitude of the dental profession will be clearly defined. This poll is, in fact, a vote on a national scale to determine the points of view, at the present time, of the dental profession on a subject of major and immediate importance.

Every dentist is urged to mark the attached ballot for this study, and mail it at once.

A handwritten signature in dark ink, reading "Edward J. Ryan". The signature is written in a cursive style with a large, stylized initial "E".

Editor

HEALTH INSURANCE DEFINED¹

"Health or sickness insurance (the terms are interchangeable) is essentially a method of distributing the burden of sickness among the lower-paid classes of the population. This distribution spreads the burden over time by continued contributions, and socially by including the whole class, healthy or sick, within the scope of the contributions and then supplementing these by additional contributions from employers, the state, and often other sources. The accumulated contributions are distributed to the sick in either cash or service, or, more often, both.

"Sickness insurance is not 'state medicine,' since the physicians and dentists in insurance are not government employees; nor is the system administered by government officials; nor does it obtain its main support from taxation.

"The American Medical Association has formulated the following definition of 'state medicine':

"'State Medicine' is hereby defined...to be any form of medical treatment, provided, conducted, controlled or subsidized by the federal or any state government, or municipality, excepting such service as is provided by the Army, Navy, or Public Health Service, and that which is necessary for the control of communicable diseases, the treatment of mental disease, the treatment of the indigent sick, and such other services as may be approved by and administered under the direction of or by a local county medical society, and are not disapproved by the state medical society, of which it is a component part."

¹Simons, A. M. and Sinai, Nathan: *The Way of Health Insurance*, Chicago, The University of Chicago Press, April, 1932, page 1.

The Relation of Diet to

DENTAL DISEASE

Readers of ORAL HYGIENE ask questions on everyday
nutrition problems

By WAITE A. COTTON, D.D.S.

FOOD COMBINATIONS

W. B., Pennsylvania.—1. I would like to know what your authority is for the statement that starches should not be eaten with fruits. In looking over the hotel lists and menus planned by dieticians I find that they mention a fruit, cereals, milk, and such foods for breakfast.

2. What is the trouble with white sugar? What should be used for sweetening?

1. This question has often been asked of so-called authorities on nutrition who usually answer that the separating of different classes of foods is all nonsense, because all proteins are being broken down into amino acids and starches into simple sugars. We find, however, that these men have never given the idea a fair trial. They simply follow their own opinions. They ignore the fact that persons differ in digestive ability, that foods as foods are not incompatible, but that their digestibility is influenced by the chemical changes these foods undergo while in the stomach under the influence of varying digestive secretions peculiar to the individual, the time the food remains in the stomach, the

effect of the mental condition—all of which factors have an effect on the secretions.

If the stomach secretions are not normal and the foods remain in the stomach longer than they should, undergoing fermentation and putrefaction, sour stomach, heartburn, gas, or ordinary indigestion may result. Some authorities recommend rhubarb and soda, sodium bicarbonate, milk of magnesia, and many other alkaline drugs to neutralize the condition already produced, instead of using the proper food combinations so that such conditions will not occur. It is like hiring a lawyer to get you out of jail instead of knowing what to do to keep out.

My experience during the past twenty years has convinced me that separating the fruits and starches and proteins will benefit the average person. To convince yourself, just try it out for a week on some of your sodium bicarbonate addicts and partakers of other cures for indigestion. Then it will not be necessary to ask an authority,



More than 2,000 dentists wrote to ORAL HYGIENE for copies of Doctor Cotton's nutrition chart, offered in his previous series. Their letters are shown above. In the present article Doctor Cotton answers some of the specific questions asked by readers who sent for charts.

for you will know from experience.

2. White sugar is a refined carbohydrate containing none of the mineral salts necessary for body metabolism. The body is composed of from sixteen to twenty-two elements. White sugar contains only three: carbon, hydrogen, and oxygen. You cannot long maintain a healthy body on these three elements. Natural sugars are most satisfactory for sweetening. They are: first, honey; second, real maple sugar; and third, brown sugar which is unrefined. Honey contains

nearly all of the minerals needed and does not ferment. Maple sugar does not contain as many mineral salts as the honey, and will ferment, though not so easily; brown cane sugar ferments fairly easily, although it does contain a fair supply of the mineral salts. If we eat our foods as nature produced them and do not try to make them up in weird fancy dishes, we will not need to use much sweetening.

TABLE OF FOODS

P. H., Ohio.—I would like to have you publish at some time a table of foods and medicinal aids

for specific conditions; that is, dental caries, gingivitis, Vincent's infection and such diseases.

The idea that a definite food should be given for specific diseases seems to be prevalent. That would indicate to me that many persons are not familiar with the fundamental cause of disease, for, as a matter of fact, there is no such thing as disease per se. You cannot go to a drug store and ask to see such and such a disease. Neither can you go to the police station and ask to see a crime. Disease and crime are the culmination of a certain chain of events. Nature never produces a disease; neither does it supply any cure. If Nature produced disease, it would commit suicide and there would be no life on this earth.

Disease is produced when Nature's mechanism of protection fails to protect, and protection fails only when some law of Nature is broken. Disease is then permitted to be produced; the acute, over a short period of time, and the chronic, over a longer period. When we cease to break Nature's laws, Nature will return as far as possible to normal functioning.

When we have disease we can be sure that Nature's laws have been broken, either by our method of taking food, or in the manner in which our digestive apparatus is taking care of the food. There are so many factors that have a bearing on digestion and assimilation, such as fresh air, sunlight, exercise, fatigue, over-

eating, the mental attitude, or nervousness, that to give a diet for caries, gingivitis, or Vincent's infection would necessitate a study of each person's type, diet, elimination, and other factors to determine just what was wrong.

•

ALKALIES AND ACIDS

C. W. G. C., Missouri.—1. We dentists appreciate your discussions of dental diet and nutrition. Your past articles have been good, but I would suggest that you give us some information on the acid and alkaline content of foods.

2. What is acid stomach? How does it affect teeth?

1. The life manifested in plants and animals must exist in an alkaline medium, and the alkaline balance must be maintained in the human body. The *pH* of the blood varies only from 7.2 to 7.4. If the alkalinity of the blood rises above 7.4 we go into convulsions. If it goes below 7.2 we pass into coma. The problem is to keep the body within this alkaline range. There are two ways in which this is accomplished. In the heavy meat eater, the products of digestion are the amino acids, and these are utilized to make ammonia for neutralization of body acidity. When a person does not have the capability of producing sufficient ammonia in this way, then he must obtain the alkaline basis from the ash of his foods. For instance, white bread contains alkaline forming elements of 7.31 per thousand of water free substance and 9.70 of acid forming elements which would

leave a balance of 2.39 on the acid side. An average orange contains 30.61 of alkaline forming elements and 7.24 of acid forming elements, leaving a balance of 23.37 of alkaline forming elements.

2. The stomach is the reservoir or the hopper into which we put food to be delivered to the intestine as the intestine can take care of it. If the intestine is short and functions rapidly, the stomach is emptied more rapidly than when the intestine is long and works slowly. With a slow intestine, food will remain in the stomach for a longer period, and if the stomach juices are not of the character that prevent fermentation or putrefaction of foods, it is obvious that these conditions will exist in proportion to the time the food remains in the stomach, awaiting its turn to pass through the intestinal canal. When these abnormal

conditions occur, they produce a superacidity which we call sour stomach or acid stomach, heart burn, or gas.

The teeth are protected from decay by the secretion from the mucous glands, and the mucous glands are part of the secretory mechanism of the digestive system. Obviously, if these mucous glands of the mouth are not particularly strong they may be influenced over a period of time by a continued acidity of either the stomach or the duodenum in proportion to the acidity produced and the weakness of the mucous glands. The development of decay is then permitted by the lack of protection of the mucus secretion.

Editor's Note: The foregoing questions were among the specific ones raised by readers in connection with the series of articles on The Practical Consideration of Diet in Relation to Dental Decay by Doctor Waite A. Cotton, which appeared in ORAL HYGIENE in 1934: January, page 42; February, page 198; March, page 374.

241 West Seventy-first Street
New York City

Part III of the series of articles "What Insurance Is Vital" will appear in the February issue. Space does not permit its use in this issue. Please be on the lookout for this installment.

PENNSYLVANIA SOCIETY MEETS

Clinics, exhibits, and other features of unusual merit are being planned for the meeting of the First District Society of the Pennsylvania State Dental Society to be held February 6, 7, and 8, 1935, at the Benjamin Franklin Hotel in Philadelphia.



Dental Meeting Dates



North Dakota State Board of Dental Examiners, next regular meeting, Gardner Hotel, Fargo, North Dakota, January 8-11. Address all communications to W. E. Cole, D.D.S., Secretary, Bismarck, South Dakota.

Dallas Mid-Winter Dental Clinic, 9th Annual Meeting, Baylor University School of Dentistry, Dallas, Texas, February 4-6. The following outstanding clinicians will instruct: George B. Winter, D.D.S., Ralph C. Cooley, D.D.S., R. O. Schlosser, D.D.S., and Charles A. Sweet, D.D.S.

First District Dental Society Meeting, Philadelphia, February 6-8.

Midwinter Meeting of the Chicago Dental Society, Stevens Hotel, February 18-21, 1935.

Five State Post Graduate Clinic, Washington, D. C., March 18-20.

Massachusetts Dental Society, annual meeting, Hotel Statler, Boston, April 29-May 2. William Hayes Hoyt, D.D.S., 77 Newbury St., Boston, President; Philip E. Adams, D.D.S., 106 Marlborough St., Boston, Secretary.

30 Reasons

WHY PEOPLE STAY AWAY From Dentists

By HOWARD R. RAPER, D.D.S.

(Conclusion)

AS last month's installment of this series came to a close, we were discussing the failure of dental publicity to accomplish desired results. Let us continue that discussion briefly.

Some of the more serious reasons why dental publicity has failed are: lack of funds, lack of unity of opinion among dentists, and haphazard selection of publicity material.

I use the word publicity repeatedly. Possibly I do it just to indicate to myself that I am not squeamish about it. Where dentistry and medicine are concerned, education is probably a better word, for education is always something primarily for the one educated, whereas publicity so frequently is not. But I shall continue to use the word publicity; it seems less stilted.

Lack of funds and lack of unity of opinion are not as susceptible to correction as faults in selection of publicity material, so let us consider only the latter here.

Dentistry has always tried to teach the public too much. The aim should be not to teach details at all, but only to condition people's minds to certain carefully selected elemental facts so each person may govern himself accordingly. For example, people need to know (and do not know) that caries is a disease that the average man cannot escape; that only the dentist can treat this disease; and that unless treated early it may become a serious or incurable ailment in some extremely vital part of the body. If this were

really known—that is, fully accepted as fact—it would change the attitude and the conduct of the majority of the people; it would change the existing order of things, which is what is needed.

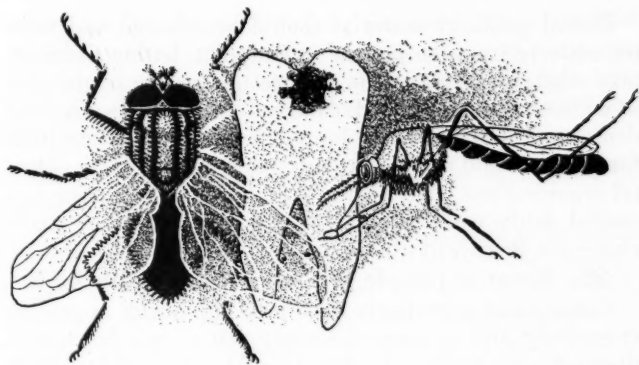
The only possible effect from any publicity must come from what is *remembered*. It is futile to expect the people to remember much about any one subject. The very few things they need to know about dentistry should be selected with the utmost care, and all publicity should revolve constantly about these fundamental themes.

24. Because so much dental publicity is saturated with insincerity and selfishness.

Are the words insincerity and selfishness too strong? I do not think so. Before me, as I write, is a prospectus for a certain dental publicity enterprise. It is proposed, by a dental supply house, that the dentist send in a list of the people that he wishes to have receive dental education. Each month a small folder devoted to a discussion of some phase of dentistry will be mailed to the “students” on the list.

So far, so good, but wait a minute. The proposal is made that, in case some of those receiving this dental education come back to the dental office, their names be immediately dropped from the mailing list and new names substituted. So it is made evident that there was no real interest at all in educating the patient. The only real interest was in getting him back into the office. If there had been a genuine desire to give needed education it would have continued even if the patient did come back to the dental office; for few, if any, dentists ever tell their patients all the things about dentistry that are to be found in a half dozen or more educational folders. To say that such educational (?) schemes as these are insincere is to put it very mildly.

Under the direction of a competent psychologist an extensive investigation, taking two years and involving the questioning of 10,000 U. S. housewives as to their reactions and opinions about advertising, was reported last fall to the Psychologic Corporation. And what qualities



People neglect cavities in their teeth when they are fully aware of their presence, to say nothing of the ones which are neglected because their presence is unknown. When it is learned that dental caries is a disease threatening the health of the vital organs of the body, a man will no more ignore and neglect a dental cavity than he would allow a fly to crawl undisturbed over his food during a typhoid fever epidemic, or than he would permit a mosquito to crawl unmolested on his skin in a yellow fever belt.

of advertising do you suppose appealed most to the women? They were "sincerity and drama."

It should not require the services of a psychologist and a two-year investigation for us to realize that women like sincerity, and that men and children like it too. Sincerity is in itself a definite force.

What we need in dental publicity is what might be called reckless sincerity, a willingness to teach the people what they should know about dentistry, no matter what it might do or might not do to dentistry. If dentistry is a good enough profession, if it is sufficiently important to the welfare of the people, such publicity could be offered without the slightest fear of any damage to the selfish interest of the profession. And dentistry is that kind of a profession, although you would scarcely guess it from the publicity material it sometimes sponsors.

Dental publicity material should be selected and written entirely from the patient's standpoint, letting dentistry take whatever place in the picture this policy might give it, without straining for advantage. At present not a little dental publicity is written too much for dentists, too little for patients, and patients are able to sense the fact. Dental organizations have striven to be unselfish and have succeeded fairly well, quite as well as our big sister, medicine—but there will always be room for improvement.

25. Because people are fed up on health blah.

Commercial advertisers have used the health appeal so extensively and so unscrupulously that people habitually discount nine-tenths of what is said. Everything from peanuts to building material is offered to the prospective purchaser because of its value to his health. The health appeal has been so abused that it is not as effective as it should be. It should be the most effective of all appeals to induce people to go to dentists, but it is overworked; the cry "wolf" has been used too much; the people are skeptical. Nor is this an altogether bad thing. If the American people believed half of the health talk aimed at them and their pocketbooks they would live in a state of morbid anxiety concerning their health. Dentistry cannot change other health publicity or the people, but we can realize that if we are to gain attention and exert influence by dental health publicity, that publicity must be brief, practical, and overwhelmingly sincere.

26. Because people do not realize that toothache is a disease and marks the entrance of disease into the body by the dental path.

I have written so much on this subject, especially during the past few years, that I need not elaborate on it further except to point out again that, if it were the aim of people to prevent toothache, they would not then feel free to stay away from the dentist for such long periods as they do now.

27. Because of the belief that toothache is inescapable.

The best reason for going to a dentist regularly is to

avoid pulp involvement; that is, toothache. Since virtually nobody knows that toothache is avoidable the best reason for going to a dentist regularly is not even known to the people who consider toothache, like death and taxes, inescapable.

28. Because people are not afraid of a decayed tooth.

"Afraid of a decayed tooth? What is there to be afraid of? Don't be silly." That is the attitude of the people.

Not so many years ago, they had the same attitude toward typhoid fever flies and yellow fever mosquitoes.

"Afraid of a fly? Nonsense! Afraid of a mosquito? Phooey!"

The people have now been taught a wholesome fear of the fly and mosquito, but they still are not afraid of a cavity in a tooth.

Let me illustrate this point by taking you to a farmhouse for dinner. We find the wife diligently chasing flies with a chaser constructed from a cane to which has been attached newspapers cut into ribbons after attachment. She wields the chaser vigorously, doing her energetic best to keep flies off the food. Her two children have fly swatters and are having a rather good time swatting the flies on the screen door and in the windows.

We speak to the woman and, as she answers and smiles, we see that her front teeth have large cavities. We speak to the children and when they answer we see that their teeth too are decayed.

What a picture! These people know that flies are dirty, disease-breeding, and so they are afraid of them and do what they can to protect themselves against them. They are not afraid of the cavities in their teeth, of the disease in their own mouths. How ironic to be chasing the possible carriers of disease and at the same time to be carrying disease in their own bodies within plain sight, but without fear or knowledge of its existence!

Medicine has taught the fear of flies. Dentistry has not taught the fear of cavities in teeth. That is the explanation for the picture just described.

29. Because people have not been given a good, sound, simple, convincing reason for going to dentists when not in pain, and because they are not afraid to stay away.

A year or so ago during the worst of the current depression, more than one dentist confided to me that the bite-wing dentistry he had developed had proved a "godsend." The reason bite-wing patients were more faithful than others was because they had been given a good, sound, simple, convincing reason for going to dentists regularly. They had been promised and were receiving prevention of toothache, pulpless teeth, and so on.

I have put so much emphasis on the importance of bite-wing radiography and the prevention it stands for, that I am more than a little bit surprised that some one has not accused me of over-enthusiasm for its possibilities. Even though no such accusation has reached me, I am sure it has been made, and for this reason please let me try to show just how and where bite-wing radiography fits into the picture.

Bite-wing radiography is a means to an end; it is in no sense an end in itself. It was not a case of developing bite-wing radiography and then hanging other things of importance onto it. The other things of importance came first; then came bite-wing radiography.

For twenty years I have been urging the prevention of toothache, the necessity of its prevention having been impressed upon me from my experience as a radiodontist. I discussed the subject first before my dental friends in Indiana. In 1915 I read a paper before the Pacific Dental Congress on the subject. I included it in the second edition of my book "Elementary and Dental Radiography." I discussed it at every opportunity before numerous societies. I brought it to the attention of the Board of Trustees of The American Dental Association, at that time The National Dental Association.

And what happened as a result of all this? Something very closely resembling nothing.

And then interproximal radiography was developed and

announced. By cutting cost, it made periodic x-ray examinations practical, and for the first time in the history of dentistry prevention of toothache could be routinely promised without the danger of the promise being broken because of an undiscovered proximal cavity.

The purpose of the interproximal x-ray examination was then, and is now, to prevent toothache and the ills that follow it. I brought the matter to the attention of the Eastman Kodak Company, asking them to introduce interproximal radiography as a means of preventing toothache. This proposal was accepted and in due time an official of the Company wrote me as follows:

"I'm certain that with your capability and enthusiasm and our resources we'll put interproximal radiography across or else demonstrate that people like toothache!"

And now, for the first time, I commenced to make real headway, and a great deal has been accomplished in the last few years. I say a great deal has been accomplished; I mean a great deal in comparison to what was achieved before, but pitifully little has been done compared to what there is to do.

30. Because neither the profession nor the public can quite realize that caries is a disease and that filling is a treatment for disease.

Not so long ago I was talking to a young dentist who was telling me what a "good month" he had had last month. "It was all big work," he said, "nothing trifling like fillings."

So the filling of teeth is "trifling," according to my young friend, and to many dentists. If dentists themselves consider filling trifling, no wonder people share the opinion. And no wonder cavities are neglected and filling postponed. A trifling thing is a thing of no importance, a thing we may do or leave undone as we wish. But just how trifling and unimportant is filling? Is it trifling to treat and cure, by a method frequently calling for the exercise of the keenest judgment and consummate skill, a disease which, if unchecked, may reach the heart? Is it unimportant to treat and cure disease while it can still be cured, instead of waiting until the damage has

become irreparable?

When Minot¹ discovered that feeding liver to pernicious anemia patients kept them alive he could hardly believe it. It was too simple. Imagine eating liver often enough being a matter of life or death; but that is exactly what it proved to be. Those pernicious anemia patients who ate enough liver lived, and those who did not, died.

Even after Doctor Minot read his paper announcing his discovery, DeKruif tells us he could still hardly believe it and hurried back to his hotel room to look again at his records.

It isn't any wonder that my young dental friend has trouble in according dental caries the respect it should have. It is not easy to believe that the mere filling of a tooth has all the importance I have been urging that it has. It just doesn't seem possible; I often doubt it myself, and yet, even if only a small fraction of what researchers in focal infection tell us is true, the early filling of dental cavities is of major importance to the health of people. Being a skeptic by nature, I have moments of doubting almost everything, but even in these moments I *know* that it cannot be a mistake to fill teeth and that it must be a sound principle to stop the disintegration of the human body as early and as positively as possible.

To my way of thinking, the most encouraging thing about the foregoing reasons why people stay away from dentists is that the profession is so much to blame. If we are to blame, we can do something about it. If others were to blame we might not be able to correct their faults, but we should be able and willing to correct some of our own. Of the foregoing list of thirty reasons why people stay away from dentists, only a very few are beyond our partial or complete control. Of course we cannot change the fact that people do not like to go to the dentist, for example, but we can use better handpieces and burs, subscribe to more enlightened ideals, and give better and more effective service than we have in the past.

¹Editor's Note: In October, the Nobel prize in medicine for 1934 was awarded to Doctors George R. Minot and William P. Murphy of Boston, and Doctor George R. Whipple of Rochester, New York, for their discovery of the value of liver in the treatment of pernicious anemia. The sum awarded was said to be \$41,000.

Arriving, after so long a time, at the close of this discourse, I am glad I warned the reader, at the outset, that it was to be a treatise on diagnosis, rather than one on treatment. I am fully aware that I have emphasized the necessity of teaching the people certain facts about dentistry without describing the means by which this may be accomplished. I feel justified in doing this, because the need of such education as I have advocated must be fully realized and admitted, before there can be even a chance of developing a satisfactory means to that end.

Until such time as the profession of dentistry may fully agree as to what the public should be taught and by the force of such agreement accomplish the teaching; or until some philanthropist may take over the job, the general practitioner of dentistry will have to depend largely on his own efforts to educate his own clientele. I have done what I can, personally, to assist in this kind of educational work by introducing bite-wing radiography and writing two articles for lay magazines (*The American Mercury* and *Hygeia*) which have since been made available in reprint form.

Albuquerque, New Mexico

BACK NUMBER WANTED

Anyone having a copy of the May, 1928 issue of ORAL HYGIENE he wishes to dispose of please communicate with Doctor H. C. Dressel, LeSueur, Minnesota. This number is the only one missing from Doctor Dressel's files and he wishes to replace it.

WHAT ONE MAN SAW AT THE NEW YORK CENTENNIAL

(Continued from page 15)

tal news was most refreshing.

Before closing, the exhibition of creative arts should receive a word of praise. The surprising thing is not that there are dentists who paint, do etchings and sculpture, carve in

wood and metals, but that they should do them so well. In the exhibition of photography I found some pieces that in composition, grouping, and lighting were breathtaking in their beauty.

241 Sunrise Highway
Rockville Center, N. Y.

Daily Reflections

From the Daybook of a Small Town Dentist

MONDAY

Mr. Morrow came in and paid his bill in full. He said: "Doc, I'm grazing fine with them plates you put in. Don't think you'll have to trim any more off."

When he sells some more hogs his wife is having some plates made. Prosthetic dentistry and hogs go hand in hand here.

Wrote the supply house again regarding a new kerosene heater for my vulcanizer. If they don't hurry up that order I'll be vulcanizing in the back yard with a fire made of driftwood gathered from the nearby creek bank. No dental laboratories in this town.

■ ■ ■

TUESDAY

Today, after I had extracted Reverend Spear's last two teeth he paid me this compliment: "Doctor, I only hope that I have done as much good for the souls of my congregation by my preaching as you have done for my arthritis by removing my teeth." He had had a bad case of arthritis and a mouth full of abscessed teeth. I understand that there are movements underway to dis-

prove the theory of focal infection.

■ ■ ■

WEDNESDAY

Lost a patient today; needed the money too. She wanted twenty-three teeth extracted at one sitting.

■ ■ ■

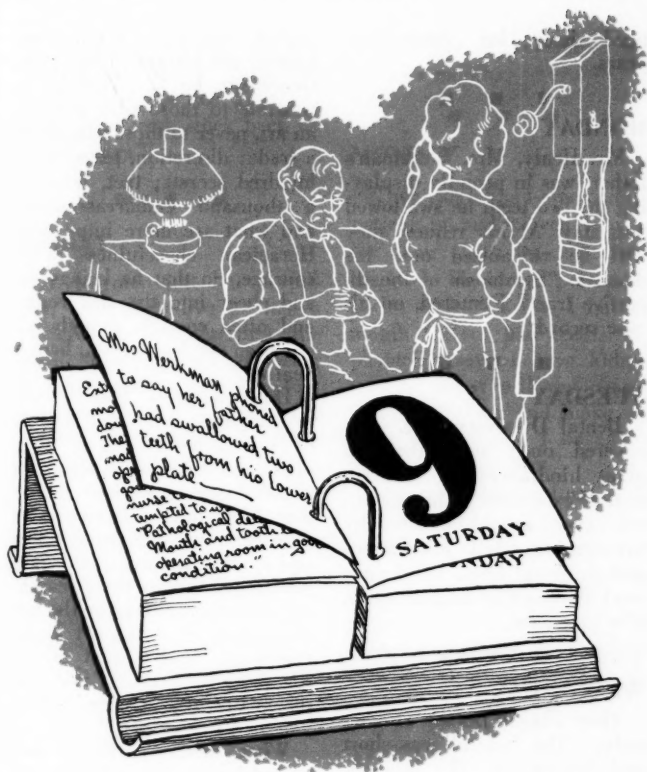
THURSDAY

Spent the day in the city. Only one hour's drive. After a good movie I enjoyed a nice steak with shoestrings and mushrooms, did some shopping, and topped the day off in a swell night club. What else is there to a city? Anyone living there with much money builds his home as far in the country as possible. I like to come back to my fresh air and fresh eggs. Wish I hadn't mixed whiskey sours with beer.

■ ■ ■

FRIDAY

Extracted a semi-impacted third molar in the county hospital down at Blairsville this afternoon. The attending physician wanted a culture made of the tooth, so we operated under as near aseptic conditions as possible. Sterile gown,



gloves, mask, and drapes and a nurse to help. Was tempted to write in the operative procedure: "Pathological delivery of an oral breech with low forceps. Mouth and tooth left the operating room in good condition."

■ ■ ■

SATURDAY

Mrs. Werkman phoned to say that her father had swallowed two teeth from his lower

plate. Told her to have him eat large amounts of gingerbread and crackers. If it isn't one darned mess it's another. Now I suppose I'll have an abdominal operation to pay for. Mighty glad I have malpractice insurance.

■ ■ ■

SUNDAY

A great man died in our little village tonight. He was a country physician. Had prac-

ticed here for thirty-eight years.

■ ■ ■

MONDAY

Mr. Healy, Mrs. Werkman's father, was in proudly displaying the two teeth he swallowed Saturday. At his request they will be vulcanized onto his denture. "Symbiosis of the digestive tract" I entered, on his case record.

■ ■ ■

TUESDAY

Dental Discovery Day. Discovered once more the two great hindrances to "Prevention of extension," while sweating over an M.O.D. cavity preparation: dull instruments and worn out burs. Yet I must read the weekly magazines in idle moments.

■ ■ ■

WEDNESDAY

They buried Doctor Hughes today. The funeral was short and impressive. The minister read these words of Stevenson's: "There are men and classes of men that stand above the common herd; the soldier, the sailor, and the shepherd, not infrequently; the artist, rarely; rarelier still, the clergyman; the physician, almost as a rule. He is the flower (such as it is) of our civilization; and when that class of men is done with, and only to be marveled at in history, he will be thought to have shared as little as any in the defects of the

period, and most notably exhibited the virtues of the race. Generosity he has, such as is possible to those who practice an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments; and what are more important, Heraclean cheerfulness and courage. So that he brings air and cheer into the sick room, and often enough, though not so often as he wishes, brings healing."

Don't suppose they'll ever say anything like that at any of our funerals. Yes, they might too. Some day when our great dental scientists realize that high test gasoline won't do a car much good that has a bad spark plug or a faulty carburetor, and start their searching and researching for the undiscovered mysteries of endocrinology, and forget about diet for a bit maybe a few people will quit saying, "Oh! you're just a dentist."

When dental caries is prevented human life will be prolonged.

Wonder why Sinclair Lewis doesn't write about some dentist like he did about a physician in "Arrowsmith?"

■ ■ ■

THURSDAY

Stopped the new office assistant just in the nick of time to prevent her from boiling my tie clasp and collar adjuster with the instruments. Made me think of the time I bought lingerie for my wife.

Mr. Leer yelled at me: "Some day when you're ah cookin, Doc, let me know! I want three teeth stuck back on these plates!"

■ ■ ■

FRIDAY

A drayman just left the office. At thirty-five he has a perfect (as we interpret the word "perfect") set of teeth; healthy pink gums; doesn't know the meaning of the words, pediatrician or dietitian; never drinks orange juice nor milk; and lives off the "vitamin rich diet allotted by the township trustee a portion of the time." In spite of all that has been written so enthusiastically about the close relationship of dental caries to correct diet I don't think—but who am I to think anyway?

■ ■ ■

SATURDAY

This is a case entry this morning:

Lower left first molar:
Conductive anesthesia
Capping pulp
Cement intermediate
Temporary stopping
Patient to return for permanent restoration in six weeks if no reaction occurs

Debit	Credit	Balance
\$1.00	\$0.00	\$1.00

If it can be restored with amalgam I'll have two dollars more coming and he's as good as gold. Only three dollars but

it will pay the telephone bill for two months.

■ ■ ■

MONDAY

They carried my nine o'clock patient in and placed him in the chair; both legs off above the knee. He smiled pleasantly as he said: "Doctor, I have a mouth full of bad teeth. My physician says I have kidney trouble. What will you charge to extract them and make me some new ones? I haven't a whole lot of money."

It wasn't a bit hard to satisfy him with my fee. I'm sure that I shall see men with arms and legs off and broad hearty smiles all night. And only this morning I raised merry old Ned because one of my eggs had a broken yellow.

■ ■ ■

TUESDAY

One of our local boys, a junior in dental school, called to have a cervical gold inlay recemented. Had a pleasant chat and he informed me that the inlay was made two months ago by one of his demonstrators.

"Any word you wish to send to Doctor Hathway?" he asked.

"Just tell him I'm encouraged," I said. "He'll understand."

(To be continued)



W. LINFORD SMITH
Founder

ORAL HYGIENE

EDWARD J. RYAN, B.S., D.D.S.
Editor

Editorial Office: 708 Church Street,
Evanston, Illinois

*Give me the liberty to know, to utter, and to
argue freely according to my conscience, above
all liberties.*
John Milton

THE HEALTH INSURANCE POLL

ORAL HYGIENE is sponsoring a national poll on health insurance as announced on page 16 of this issue. Just as the *Literary Digest* poll on national questions is subsidized by neither the Wets nor the Drys, Republicans nor Democrats, so is this sample vote subsidized by neither the opponents nor the advocates of health insurance. ORAL HYGIENE's poll is strictly an independent study of the sentiments or opinions of the profession on an important question *without* financial support from any commercial, governmental, philanthropic or dental organization. As an independent publication *without* entangling alliances of any kind, we are interested exclusively in accurately recording the present attitudes of all members of the dental profession on a subject that will be widely discussed in the immediate future years.

For the past several years this magazine has attempted to publish unbiased and impartial articles on the subject of health or sickness insurance. In March, 1930, Doctor F. N. Doubleday appeared before the St. Louis Dental Society and described the English system of health insurance. A special correspondent for this magazine was present at that meeting and reported the story for publication in the issues of May and June, 1930. Since that time many articles have appeared in these pages on the subject of health insurance. As might be expected, because the subject is controversial, some of the articles were for and others against the principle of health insurance. In fact, a prolonged debate—

with each side of the subject being given an equal share of space—has been carried on in this magazine.

We have consistently pointed out that under any system of third party practice, professional values must be preserved; furthermore, that lay control and domination of a health insurance system is a real and grave danger, and must give us some apprehension. We have not, however, on any occasion taken the position that the *principle* whereby groups of people may buy medical care over periods of time is uneconomic or unprofessional. We do not believe that suggestions for the reorganization of the distributive system of supplying and paying for medical care are "socialistic and communistic—inciting to revolution."

The translation of a principle into practical action is often destructive to established values and frequently disappointing. For example, the principle of Prohibition is probably physiologically sound and ethically desirable. Through human stupidity, cupidity, intolerance, and zeal the application of the principle resulted in chaos, disorder, disgust. By Repeal the mechanism for enforcement of a principle was withdrawn. The principle of prohibition, however, was badly undermined and weakened by the failure of enforcement. The analogy here is this: Under a poorly conceived and hastily executed system of health insurance the quality of medical care bought might be such as to disappoint the American people and result in the repudiation of the whole principle of groups of people buying health care over periods of time. Such a repudiation would not only destroy that principle but would undermine the confidence of the people in the health professions. We cannot afford to risk that kind of failure!

The time has come when the professions must decide on the *principle* of health insurance. An affirmative vote, then, means that the dental profession must be prepared to offer definite and tangible plans of procedure to help formulate a health insurance system that will protect professional values.

If you vote "Yes" on the ballot on page 16 your answers to the other questions on the ballot will be helpful in the preparation of a definite plan by the representatives of the dental profession. A vote in the negative is a disapproval of the principle of groups of people buying health care on a spread-the-risk and spread-the-load basis. If you vote "No" on the ballot, it is not necessary to answer the other questions.

PLEASE RECORD YOUR VOTE AND RETURN THE
BALLOT BEFORE JANUARY 26, 1935.

Paradise in HELL

By M. HENRY JOSSEM, M.D.

THE avalanche that, during the reign of Prosperity, precipitated our entire economy to the nethermost regions started an exodus of earthlings to happier hunting grounds. The sweet chariot, touching the earth in its daily oscillations, was always crowded to capacity. One day it carried among its passengers Doctor Average, a dentist.

A peculiar man was Doctor A. In an age of go-getters he displayed many quixotic traits. When consulted by a patient it was his delight to plan something unusual for the patient. This would often lead him to propose Royal Ermine where cat skins were the height of ambition. In the matter of fees it was difficult for him to realize that the preservation of the "pearls" in people's mouths was worth at least as much as were the phony pearls people wore around their necks.

Thus Doctor A. was always beset with difficulties. In a world where business is business unbusiness-like ways often

provoke a questioning of motives; where the unsheathed claw invariably follows a padded mitt, altruism is apt to be mistrusted; therefore, were his earthly goods but few, and his wife and children suffered.

The sweet chariot came to a halt before the Pearly Gates. St. Peter looked at the passengers and assigned the whole group to Hell. Doctor A. felt disappointed, but took the decision with his usual acquiescence; nevertheless, he was vaguely disturbed, and wondered about Hell. His thoughts were soon interrupted by their arrival in Hades. As they alighted one of the inspectors approached Doctor A. and ushered him into Satan's private office in Pandemonium. The Big Shot was busy examining reports. He was greatly disturbed by the increasing consumption of brimstone. Suddenly he looked at his visitor. A look of astonishment came into his eyes which quickly changed to a gleam of fiendish delight. And then he laughed—the long hearty laugh



"Well, by the Lord Beelzebub! If this doesn't beat the Devil! St. Peter certainly pulled an awful boner. . . . You've had your Hell on Earth."

of one who appreciates a good joke.

"Well, by the Lord Beelzebub! If this doesn't beat the devil! St. Peter certainly pulled an awful boner when he sent you to me. You've had your hell on Earth."

"By the way, I think you are the man one of my scouts was after when you were an earthling. He quit though after a while. Said that there was no use, that you were a sap walking around with your head in the clouds."

"I think I'll have some fun with you now. I've got a partner for you. I'll graft him on to you and watch what happens."

Doctor A. was thus turned into a product of a satanic sense of humor; two points of view were merged in him: the altruistic and the practical. They clashed constantly and gave Doctor A. no end of pain.

For lack of anything to do Doctor A. set out to explore Hell. His incubus led him to the section of the healing arts. The first thing that greeted his eye was a tremendous junkpile of medical and dental practices all carrying marks of earthly glory and success. Groveling in this pile was an army of specialists whose only qualification consisted of a postgraduate course of three weeks' duration and a colossal conceit. Satan had set them to the task of uncovering something of value in this great heap and promised to free all of them if at least one of them

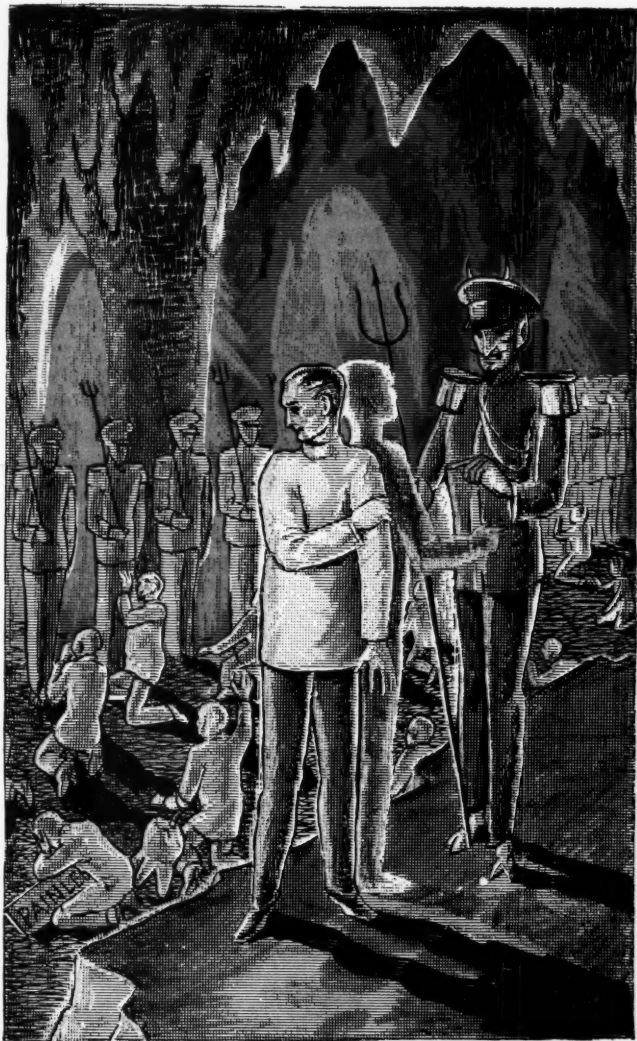
were successful. Satan would have his little joke. The subtle cruelty of it! He knew the hopelessness of the task.

For a moment Doctor A. thought that the search was rewarded. He uncovered a practice seemingly actuated by idealistic motives, but the reason for its present state of discard puzzled him. The incubus, reading Doctor A.'s thoughts volunteered the solution. "Keeping up with the Joneses did it."

Silently Doctor A. walked on. Cries of horror and wails of despair reached his ears. Soon he came upon their source: a group of people were imploring their guards to have mercy and to take them to the cauldrons. Doctor A. wanted to turn away but his incubus wouldn't have it. Instead he turned to one of the guards. "What, in the name of Gehenna, is going on here?" "This," answered the guard, "is a concentration camp for quacks, fakers, and nostrum mongers. We have lots of fun with them. In a few minutes they will begin to administer to themselves their own nostrums and quack treatments. They are so scared of their own stuff they'd much rather burn in Hell fires."

A grin of appreciation spread over the face of the incubus.

Doctor A. walked on. Soon he met another group. Everyone in that group was choking on something and gasping for breath. Inquiry brought forth



"In a few minutes they will begin to administer to themselves their own nostrums and quack treatments. They are so scared of their own stuff they'd much rather burn in the Hell fires."

the explanation that these inmates were a group of consultants forced to swallow their own advice. Slowly it dawned on Doctor A. that Hell was of one's own making and that Satan was quite a philosopher.

His stroll was soon interrupted by a summons from General Headquarters. When he returned the Boss was waiting for him. He evidently sensed that Doctor A. was distressed by some of the sights he had seen. "What's eating you, doc? Don't like it here?" he asked.

"Not at all," answered Doctor A., "I should like to compliment you on your subtlety and ingenuity. Pray tell me, was Torquemada your pupil?"

"Now, now, doc, calm yourself! Don't get smart and try to insult me. You can't blame anything you saw here on me. I merely see to it that everyone does to himself what he did to others.

"However, let's not argue. I called you because I've got something to show you. Come along with me."

Satan led the way to a dock on the River Styx where they boarded Charon's boat. The old ferryman took them down to a suburb of Hades. Doctor A. soon found himself in a sumptuously equipped dental office. A complete assortment of the latest style of apparatus was cleverly arranged around the room. Most of it had never been used. Doctor A. was taken aback. "I never dreamt I'd find such unusual equipment

in Hell," he said.

"If it hadn't been for one of your colleagues overreaching and buying all that you see here, on the installment plan, we wouldn't have had it. Now we've got him and his equipment, and he is chasing himself all over Hell trying to raise money to pay the notes."

"I am sorry," said Doctor A., "I've been in the same predicament and . . ." The Big Boss interrupted him. "Doc," he said, "you're going to be the first practicing dentist in Hades. We've had no need for dental services here. Most of the earthlings that come here are toothless for a variety of reasons: heritage, poverty, and ignorance account for some, while gluttony, food adulteration, and the work of some of your colleagues account for others. Those who come here with bad teeth because of neglect and carelessness—well, let them suffer. It's Hell not to be able to get to a dentist when you need one. And now, au revoir! See you in Hell."

Left alone with the incubus Doctor A. kept pondering over the situation. The picture of his earthly existence floated back to him. He began to realize that he had never been what the world considered a success. Doubts assailed him; he wondered about many things. Was it high-mindedness that had prompted his way of living? At times he could not escape the conclusion that, perhaps, he wasn't sufficiently intelligent to understand cor-

rectly the import of his ways. His failings and failures came back to him magnified out of proportion. He wondered whether there wasn't something of the snob and hypocrite in him. Yet, when he looked at the incubus he knew that his life with all its faults and shortcomings was still worth while.

The imp, whom Satan had assigned to the office, was cleaning a large tray of little used and often useless instruments. Doctor A., watching him, felt saddened. He had often dreamt of a dental operating room where the dread-inspiring implements were reduced to a minimum and were hidden out of sight. It seemed to him that the profusion of apparatus was often prompted by a desire for ostentation.

Incubus, on the contrary, was delighted. He used the occasion to prod Doctor A. "Well, my dear Doctor High and Mighty, I hope this layout suits you. You ought to be able to display some of your far famed skill here."

"Incubus," replied Doctor A., "I have seen some shabby methods used and inferior work turned out amidst splendor such as this."

"O, Modesty, where is thy blushing cheek?" Incubus sneered. The cold glitter of his eyes was boring into Doctor A. "I suppose your work was always flawless, wasn't it? You have never made a mistake, either, have you? Perhaps the best way to progress, ac-

cording to you, would be to go back to the oxcart."

Doctor A. was stunned. "Incubus," he said, "you misconstrue my statements. What I meant to convey was that the inspiration to excel is not prompted by environments no matter how sumptuous. It comes from within one's soul. Dentistry is both a science and an art. As an art it requires skill. An instrument or an apparatus cannot give you skill; it can only facilitate the application of it. Some of the finest achievements in dentistry were accomplished without the benefit of a display such as this.

"Going back to the oxcart may not be progress; nevertheless, chromeplating the oxcart adds nothing to progress either."

Surprising though it may seem, Doctor A. was happy in his new location. There he found several ideal conditions which seemed unattainable on earth. There, for instance, was his "first of the month" complex. He was not always ready to remit the rent on time. Invariably when such was the case, the collector would be present, which seemed to make his tormentor more vociferous.

Then, there was the question of patients. It had taken him many years to build up a following. He had held steadfastly to the belief that if he were honest and conscientious with his patients, if he were to tell them of the limitations of dentistry, he would build a

satisfactory clientele. His belief, however, was often put to a severe test.

Once a friend broached this subject. "Doc," he said, "what do you do to get patients?"

"Why . . . nothing, except rendering the best service I am capable of. If one is patient one eventually gets patients."

"A very good idea, doc, very good. Only it isn't original. The oyster had the same idea sixty million years ago. Why don't you go out and mingle? Why don't you entertain, join clubs, send out circulars, or do something to keep your name before the public?"

"Advertising, doc, advertising does it. Doesn't matter in what form either. Look at Doc Jones! He is always busy. He hasn't your skill nor ability, so what's the answer? You've got to know how to handle people, you've got to be able to sell yourself. The trouble with you is that you don't understand people and that you don't know what pleases them. You are not a practical psychologist."

Doctor A. looked at his friend—suave, self-assured, successful, a practical psychologist. He knew what he wanted and he went after it without qualms, without doubts. Caveat emptor—let the buyer beware—was boldly emblazoned on his shield and he proclaimed it to the world loudly and unashamed.

"Bill," said Doctor A. after a while, "an honest professional man must think of his own

mistakes and of the mistakes of his profession. If he is worthy it will put humility in his heart and hesitancy in his statements; he will realize how feeble his efforts are at times and that the facts of today may prove to be the fallacies of tomorrow.

"The professional man has an historical background; that is why he may not be a salesman and, above all, may not attempt to sell himself."

"Still, I'd say that fellows like you need managers," retorted his friend.

The discussion was fruitless. Seemingly both sides were right. Doctor A. was paying the penalty for attempting to live up to the adage that man does not live by bread alone. There he was, in common with at least half of his profession, well equipped and eager to do his share in alleviating suffering and in repairing damages to the human machine; yet he was kept from doing so by manifestations of human stupidity. While his time was largely unoccupied, the largest part of the population went without dental ministrations. Children's mouths were neglected, as a result of which the children would soon turn old while yet young in years.

Now that he was in Hades he had more patients than he could handle. He contemplated the strange fact that Hell on Earth should be repaid with paradise in Hell.

His stay in Hell had its amusing moments too. The petty

traits and foibles of people which had so often distressed him while on Earth, amused him now.

One day the door opened and a woman rushed in. "There you are!" she exclaimed, "I knew I should find you here. Oh, what an awful place! Oh, that beastly odor of burning sulphur. To think that I should be forced to come here from Heaven. Doctor, your work has proven entirely unsatisfactory. I expect you to replace it. To think that because of your incompetence I shall have to go through suffering again."

"Madam," said Doctor A., "I shall do my utmost to correct anything that has not proven satisfactory. Please be seated and I shall examine your teeth." Doctor A. looked into her mouth and shook his head. "Madam," he said, "you are mistaken about the failure of my work. The teeth which I had restored are still functioning quite satisfactorily. You have several broken down teeth but I am hardly to be blamed for that."

The incubus burst into loud laughter. The woman looked at him for a moment and, in a towering rage, swept out of the office.

"Nice girl, isn't she?" said the incubus. "You did some work for her years ago and she never paid you for it. Knowing you for a sap she followed you to Hell to get more free work. Do you know why she ran when she saw

me? Once I had her for a patient, but I beat her at her own game: I got her money first. She never forgave me for it."

The imp ushered in another patient. "Oh, doctor!" the patient chirped, "that horrid woman forced her way in here, when it was my turn. And I wanted to be your first patient! Oh, I adore being a first patient; it's so thrilling. Doctors all make a fuss about you. While on Earth, I visited every new dentist or physician in town. You may examine my teeth now. Oh . . . just a moment, please. Are your instruments sterilized? Most doctors are so careless, you know. What? Oh . . . open my mouth? Yes, doctor, but will you promise not to hurt me? Once a dentist examined my teeth and he took all the enamel off."

Incubus chuckled and Doctor A. resignedly said, "Please open your mouth."

"All right, doctor. . . Ah . . . Ahh. . . Ahhh. . ." Suddenly she pushed his hand away. "Wait a moment," she said, "please be careful of my gold crowns. They are very expensive. They were made by a surgeon dentist, not an ordinary dentist."

Doctor A. smiled and told her that the imp would arrange for an appointment.

"Oh, no, doctor! I don't want any work done. I just came in for an examination. Thank you, doctor. You have been very nice. Many doctors are rude. I tell my friends to

stay away from them."

Mumbling and fussing she left the room.

"Incubus," Doctor A. remarked to his tormentor, "those two women were pitiful to behold."

Incubus sneered: "Oh, yeh! Save your pity for yourself and the dentists whose patients they were. Wherever they go they leave misery and devastation behind. By the way, are you a surgeon dentist?"

"I noticed the innuendo. I wonder how this bit of insidious deception originated."

"Nothing easier. Your own colleagues originated it. Just drop a hint that you are a surgeon dentist and there you are! At least a Professor! However, it seems to me that the real significance of those two swell friends of yours escaped you altogether."

"It is deplorable, but women of that type should be shown the error of their ways."

"Now, isn't that clever of you? Show them the error of their ways! Why not something easier—moving the Rock of Gibraltar, for instance? I'd say—show them the door. They are as deadly as cobras. Oh, no! They mean no harm, but each one, in her own way, would wreck a dentist's practice without the least compunction."

The imp interrupted their conversation announcing the next patient.

As the door opened a cheery voice greeted Doctor A. An elderly woman walked in. An

air of gentleness and refinement radiated from her.

"Why . . . how do you do, Mrs. Brown?" Doctor A. exclaimed, "and of all surprises. Considering the place I can't say I am glad to see you."

"I understand, Doctor. It is perfectly all right. I am here as a tourist. When I saw your name on the sign I was surprised and pained. Then it came to me that one would expect to find you wherever the need of you is greatest. After you moved from our town I had occasion to visit several dentists. They examined your work and each one remarked about its excellence and beauty. Seems to me I've never realized the extent of my indebtedness to you."

"Not at all, Mrs. Brown. It was a distinct pleasure to have you as a patient."

When she left Incubus guffawed. "As I live!" he said, "The old Alphonse and Gaston stunt. She tickled your vanity and you were tickled pink."

"Speak reverently when you speak of her, Incubus. Patients of her type have made many a dentist feel repaid for his suffering."

"The only thing, my dear Doctor, that would repay me is a good fee."

"How sublime your emotions are, Incubus! You have a warped soul. When a dentist accepts a patient he also accepts a duty and a responsibility toward that patient, which cannot be measured in terms of money. Therein lies

the difference between professional and commercial services."

"That, my dear Doctor, is simply a lot of boloney. Your ministrations may stamp you as a professional man, but your acceptance of a fee makes a lowly business man of you. No transaction should be of benefit to only one of the parties. As it is we have the disgraceful spectacle of at least half of the profession—the better half I'd say—unable to make ends meet, or eke out the poorest living at best.

"People require high-mindedness of us but when you show them high-mindedness they put you down for a simp. High-mindedness, hell! Why would society expect self-sacrifice on the part of the professional man any more than it would expect it of its bankers or merchants? With millions starving have you ever seen an altruistic, self-sacrificing banker?

"The public pays and pays well for amusements, gewgaws, and non-essentials, but how does it reward its healers?

By heaping misery upon them."

Doctor A. listened to the tirade. He looked beyond the incubus into the dim recesses of the past. The shadow of the caveman nodded approval. The swelling roar of the voices of billions of cells in the human body made the voice of an emerging soul inaudible. "We want food, we must live!" the cells shouted.

A hazy cloud enveloped Doctor A.; his vision dimmed. With great difficulty he tore his gaze from the past. Slowly his vision cleared. Then he saw humanity, obeying the instinct of self-preservation, fighting, each against the other, for a place at the feeding trough. The weak were trampled and killed; the strong would snatch at one another. What saddened him most was the blindness of the people, which left them in ignorance of the fact that there was room enough around the trough for everybody.

Standing there and surveying the scene was Satan, now laughing, now crying.

Doctor A. sighed and turned away.

2327 Grand Concourse
New York City

*Have you cast your vote on Health Insurance?
If not, please mark the ballot on page 16 and
mail it today.*



"I do not agree with anything you say, but I will fight to the death for your right to say it."

—Voltaire

COMMENTS IN GENERAL

ORAL HYGIENE continues to register for a high percentage of interesting topics and treatments.

Articles and controversy on socialized forms of practice, panel dentistry, and so on are decidedly in order and comprehensive.

Of course, we of the profession, will not get around to do anything broadly definite about it until the horse has been stolen, but, in the meantime, an academic consideration of the possibilities is better than nothing, while your readers go on more or less lethargically ignoring the handwriting on the wall.

The ultimate expectation, of course, would be that, either the professions involved will have to assume active leadership and control of the situation, as far as is still possible, or the lay groups will.

Re: Frank Dunn's,¹ "How Does He Get That Way?," it was interesting to see a treatise on that subject presented in print. Of course, some of the razzing that we students had to stand for did not hurt us particularly, and most students have to learn to "take it," so to speak. Yet,

some of the more extreme impositions by petty individuals, drunk with delusions of grandeur and authority over their victims, were and still are uncalled for and disgusting.

I can appreciate the almost uncontrollable impulse to bounce one off the jaw of a sarcastic, overbearing instructor in my freshman laboratory (and I am a peaceful, non-belligerent person), when he sneeringly said, "What's that supposed to be?" and flung the object of my considerable, conscientious toil forcibly down on his judicial bench, blasting it back to the beginning of a full repetition. I still get red around the neck, when I recall it, after between nineteen and twenty years.

More power to you.—HERBERT C. KNIGHT, D.D.S., *Dillage Building, Syracuse, New York.*

RECORDS OF CLINICIANS

The notice² you published for us in regard to postgraduate clinicians is doing far more than we anticipated. We are getting innumerable answers for our own files, and we

¹Dunn, F.A.: How Does He Get That Way? *ORAL HYGIENE* 24:1437 (October) 1934.

²Postgraduate Course, *ORAL HYGIENE* 24:1273 (September) 1934.

are also finding that a good many men are writing us from as far west as Denver, east and north to New Brunswick, asking us to put them in touch with clinicians or postgraduate courses listed in our files.

It strikes me that our little Society must have happened upon a pretty good idea as there seem to be clinic committees and individuals who wish to get in touch with men and do not know where to find them.

It might be an idea to urge the secretaries of the various state societies to gather this information so that anyone desiring to get in touch with such men would know where to write. The New York State Society has such a department which is in the hands of Doctor John T. Hanks, 17 Park Avenue, New York City. If it were generally known throughout the profession that one could get in touch with such men through a central listing office in each state, I think, from the experience we are having, it would be a good thing.

I rather think that Doctor Hanks' list was made out so that the component societies of the New York State Society would know where to write for clinicians or speakers for their monthly or annual meetings. A good many of these men are capable of appearing before any group in the profession, and many of them have worked out complete postgraduate courses.—HAROLD O. BROWN, D.D.S., *Librarian, Rochester Dental Society, Rochester, New York.*

UNCLE EZRA'S VIEWS

Uncle Ezra was sitting on a soap box in front of Dugan's grocery and he was laughing with a crowd of men, so I, an inquiring economist, edged in to see what fun was going on.

"Yes," said Uncle, "Of all the gilded people who kid themselves, these here dentists take the cake. You would think to see them strut around in their fine clothes that they

owned the earth. Don't you believe it. Most of them have their houses mortgaged and they're lucky if they have their big cars paid for."

Pete Johnson butted in with the question "Where do you get all your wisdom?"

"Why I went into Doc Jones' office to get a wisdom tooth pulled. He! He! Yes, I was setten in his parlors and read a magazine called ORAL HYGIENE. It was the only one up-to-date. He gets it for nothing. I read how dentists and dental societies kept saying they wasn't afraid of socialized dentistry; some even welcomed it.

"Now this socialized dentistry is about the same as getting your teeth filled for nothing, and one dentist can do an awful lot of work by mass production. Why dentists are so dumb I can never guess, you bet we don't have any socialized grocery stores, selling stuff at cost, nor socialized banks. Why a few months ago they tried to socialize the shoe manufacturing business like these FERA mattress factories, and the big corporations made so much fuss the Government had to back down.

"You take them marine hospitals, they will work for any sailor now for cost of materials; and I owned a row boat once so I told Doc Jones that if he wouldn't pull that tooth for nothing I would go to the marine hospital, so he did it. You boys wait before you get your teeth fixed up, and when we get socialized dentistry we can all get our teeth fixed at cost, the same as the sailors do now. An' don't go feeling sorry for them dentists. If they haven't used the sense the Lord gave them, should we worry if most of them lose their jobs? Now that Doc Jones, he puts on airs and he hasn't brains enough to fill a peanut."—C. B. WARNER, A.M., D.D.S., *Biloxi, Mississippi.*

OBJECTS TO MILLER PLAN

Thank you indeed for your kind invitation to comment on the article, TREAT HEALTH WITH THE IMPORTANCE IT DESERVES by Doctor W. N.

Miller.³ In order that your instructions are carried out, namely to be brief, I must be frank.

I cannot agree with the author on the subject of federalizing or centralizing control and dividing and subdividing the country and establishing clinics and clinical facilities for the care of the children. There are state boundaries, state governments and states' rights. I do not think it is feasible because each and every state maintains its own Health and Education Department. Most of the states have dental officers and in a great many cities there are Divisions of Dental Service or Departments of Oral Hygiene with Chiefs of Divisions. The only possible and practicable method would be one based on the FERA; that is, the Federal Government subsidizing the state government and the state in turn subsidizing the city, county, or municipality.

The distribution, operation, and supervision must be left to the community. There may be a Federal Dental Health Administrator for the purpose of coordinating and standardizing the service and to act as adviser to the various state heads of departments who will in turn act as advisers to the city or county. The Federal Administrator may organize special courses of instruction (using the best men available) in records, standards, operative procedures, technique, child psychology, and so on, and make these courses available to the communities. He may also organize research programs for the advancement and betterment of the service. The city or county dental service may then be administered as outlined in my plan with which you are familiar.⁴ This plan was originally published in 1929 and supplemented in 1933.

Furthermore, why purchase additional equipment and set up clinics when so much equipment is stand-

ing around idle in many offices? Why not purchase time and service only? Will not the amount of chair hours necessary for the treatment of the children be reduced after a term of years? What will happen to the surplus equipment and instruments?

The necessary amount of service needed, clearly outlined in Bulletin No. 200 of the United States Public Health Service, cannot be met by the recommendations made by the author. The army peace time regulation is one dentist for every 1,000 soldiers, but the war experience has shown that one for every 500 is needed. It is the same with the children's service. Experience has shown that three hours of service are necessary per child. A dentist working on children exclusively as scheduled has but 1,500 hours available per annum (taking into consideration a thirty-eight hour week, legal holidays and Christmas, Easter and summer vacations); therefore, the dentist will only be able to care for 500 children the first year. As reexamination and check ups are made there will be an increase in the number of children a dentist can care for, but certainly you cannot begin this service of allocating 1,000 children to every dentist.

I fully agree and have stated again and again that the children's service, if it is systematic and thorough and includes health education, is the only means of controlling or preventing, dental disease and its sequelae. It is true that the dental profession and welfare organizations have submitted for consideration in the lay and professional journals and magazines health insurance schemes (mutual, voluntary, compulsory, socialized) but most of these, if applied to our present population, would be either too expensive or inadequate as a health service. If we are to do a real job, let's be practical and do the most good, produce the most lasting effects with the least amount of expense because the public, the consumer, eventually pays the bill.

I have shown that the expense involved in carrying out a dental pre-

³Miller, W. N.: Treat Health With the Importance it Deserves, *ORAL HYGIENE* 24:1598 (November) 1934.

⁴Strusser, Harry: Universal Dental Care For Children, *Internat. J. Orthod. Dent. Child.* 20:799 (August) 1934.

ventive program will in time be met by saving in other branches of community service and the original cost of this dental program will also be materially reduced in a short time. —HARRY STRUSSER, D.D.S., 175 Fifth Avenue, New York City.

ON HEALTH INSURANCE

A prophet has spoken. Doctor Herbert E. Phillips⁵ in the October issue of ORAL HYGIENE compares the Lloyd George 1911 Health Law, *sans* dentistry, and the 1934 Roosevelt announcement of the inclusion of health care in his new security program. It looks as if the 1911 about face of the British Medical Society is ready to be duplicated here with the House of Delegates of the American Medical Association reiterating its stand against any change in medical practice, and their Speaker, Doctor F. C. Warnshuis⁶, giving warning to the American Dental Association of "an idea whose time has come"—health insurance; then, in the November⁷ issue of ORAL HYGIENE the reference to the specimen law being distributed to legislators, *with dentistry on an emergency or optional basis*.

Let us not overlook these facts:

1. Under present practice conditions, we are not bringing our services to the masses; dental incomes have fallen lower than those of any other professional group.

2. Failure of the dental profession to understand the present attitude of either government or governed toward group action or practice and

our indifference may be fatal to dental science in the next decade.

3. Health care is only preceded by job insurance and security for the aged in the new social security program, and national and state legislatures meet in a few weeks.

4. Official dental editorial opposition to socialized practice represents neither present professional nor lay thought on the subject.

5. Apathy of the dental profession has been due largely to medical indifference or antagonism to it. Independent action is necessary.

6. It took years to gain equality in the Army and Navy. We may find ourselves floundering in the same blind alley of uncertain income that British dentists have for twenty-three years, while their medical confreres have enjoyed the security of regular income.

7. Nearly 85 per cent of general ailments are self-limiting, while dental and periodontal diseases are not, until after destruction of the involved tissues and even then only at great risk to the health of the person.

8. Dentistry requires time. We cannot pass patients through our hands by the dozen, as many physicians do, and call it a service. Our working time is precious. We must safeguard it for our own health's sake, and the proper support of our families.

9. Dentistry to save herself and her 90,000,000 potential patients must sell her services to the whole social group. It must assume active leadership at once. American dentists have built up a great profession. Let us see that the American people make use of our skill: organize, cooperate, educate.—K. K. CROSS, D.D.S., 4040 East Second Avenue, Denver, Colorado.

⁵Phillips, H. E.: Health Insurance? So What? ORAL HYGIENE 24:1446 (October) 1934.

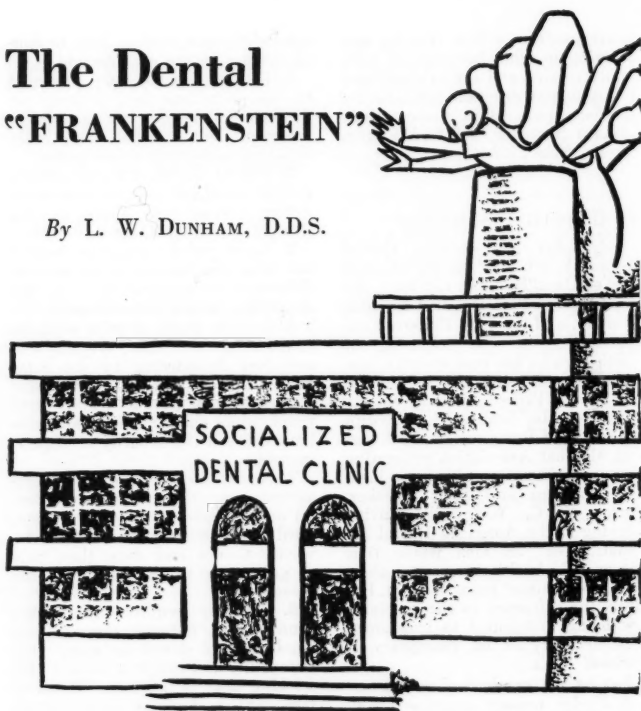
⁶Footnote 5, p. 1453

⁷Footnote 5, p. 1613 (November) 1934.

Writers are requested to confine themselves to
150 to 200 words when writing for the
DEAR ORAL HYGIENE Department

The Dental "FRANKENSTEIN"

By L. W. DUNHAM, D.D.S.

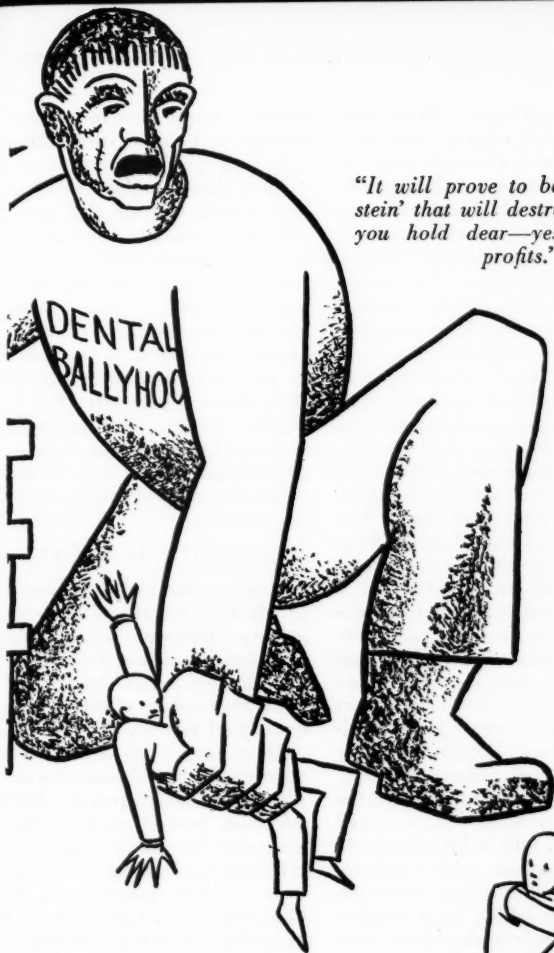


"THE dental education (?) of the public," which is generally accepted as a more professional expression than "advertising dentistry to the laity," is the process by which certain members of the dental profession and of the dental trade are building up the most dangerous "Frankenstein" possible to conceive, so far as dentistry is concerned.

If the foregoing statement can be supported by sound argument, *you* are certainly interested. If it cannot stand in the face of criticism, then you

want to know it, because you are going to see and hear much about it in the near future, or else there won't be a dental profession (as you now know it) to worry about a little later.

Entirely ignoring the question of a profession advertising like a commercial association, we shall endeavor to show some of the practical as well as the moral reasons why advertising dentistry to the public is economically unsound, commercially dishonest, professionally destructive, and selfishly shortsighted.



"It will prove to be a 'Frankenstein' that will destroy everything you hold dear—yes, even your profits."



The report of the Treasury Department for 1932 (latest available) shows that 3,760,402 persons made income-tax returns. Of this number 3,420,995 were returns on incomes under \$5,000. The total number of returns represents approximately 3.13 per cent of the population (120,000,-

000), but not all the returns were taxable! Only 1,864,969, or about 1.55 per cent of the

people, paid taxes. More than half of the returns were not taxable, and those because of specific exemptions that exceeded net income! And these were all in the brackets under \$6,000, as follows: Under \$5,000—1,885,894. From \$5,000 to \$6,000—9,539. A total of 1.58 per cent (approximately) of the population.

It is generally conceded that about 20 per cent of the public are dental patients, at least in the sense that they go to a dentist occasionally for service other than extraction and the emergency relief of pain. The principal object of advertising dentistry to the laity is to increase the number of dental patients and to create more demand for dentistry and for dental merchandise. Is it not apparent that any increase must of necessity come from the low-income, underprivileged class? From what other source can it come?

Assuming that the advertising is successful (?), you will naturally find a large number of new patients with small incomes unable to pay the moderate fees which most dentists against their wishes have been forced to charge during recent years. You may say that any patients at any fees would be welcome just now, but don't fool yourself—they wouldn't be welcome in one office in a hundred, because they couldn't pay even costs, let alone pay you a salary on a par with a bricklayer! The demand would be for cheap dentistry, but of

course it would have to be *good* dentistry, because that's the only kind you'd advertise.

Most dentists with whom I have talked tell me that *good* dentistry cannot always be cheap, *because good dentistry takes time*. We frequently hear that the best is always the cheapest in the long run; but, remember, that does not refer to first cost, and first cost is just what the poor man has to think about. Unfortunately, bad dentistry is worse than no dentistry, so the eighty odd per cent who are poor might better go without!

COMMERCIAL DISHONESTY

It is commercially dishonest to advertise a service or a commodity unless there is a reasonable assurance that the service or commodity can be secured with reasonable effort in the quality advertised.

Of course, when dentistry is advertised, *good* dentistry is implied. Naturally you wouldn't advertise *poor* dentistry. What assurance has the average dental patient, starting out with only a little money and no knowledge on which to base a judgment of what constitutes good dentistry, that he will find a dentist who can or will deliver good dentistry at a moderate fee? What *you* may think is moderate may not seem so to the "eighteen hundred dollar man" with a family.

But let's skip the fee and stick to quality, because that's what's advertised—*good* dentistry. What percentage of

dentists practice good dentistry—the kind you'd want in your own mouth or your wife's or your children's? It's a hundred to one your guess is wrong! Not half what you guessed are practicing good dentistry, if one is to judge from quality and quantity of work sent to laboratories and exhibited at bridge parties and family reunions!

Talk about making the public "dentally conscious"! Don't overlook the fact that the richest 20 per cent of our population are "dentally conscious"—and how! They got that way from going to dentists. Virtually everything they know about dentistry they learned in dental offices. Wouldn't you think that if they had been well treated, they'd boost dentistry so that there wouldn't be any demand for "advertising"? For every booster you'll find a hundred who call dentists "robbers" or "blacksmiths" or both! And this from the people who can *afford* dentistry. What would you expect from the 80 per cent definitely underprivileged?

DESTROYS PROFESSION

Advertising dentistry to the public, by whatever name or term you choose, is the most potent force for the creation of State or socialized dentistry, because in all such publicity dentistry is made to appear as a necessity in the scheme of health service. Already social workers, school hygienists, and others are agitating for school

and neighborhood dental clinics, and already hundreds of dentists are protesting against the "competition" of such clinics.

With the strong "left" leanings of the masses, every argument put forth in an effort to make the public "dentally conscious" is so much lubricant to ease the way toward state-paid and politician-controlled dentistry!

Once the 80 per cent of poor people, who are definitely unable to afford good dentistry at fees that will return a profit and a livelihood to the dentists, believe that dental care is necessary, they will demand it, and it will have to be supplied in one of two ways—either by State dentistry or by the licensing of dental mechanics with intensive training in filling teeth, talking impressions, and making dentures. Their fees will be low, because their education will not be expensive, and their workrooms need only the bare necessities instead of the elaborate equipment which dentists have been taught is necessary.

Of course the low fees of the licensed mechanics will bring dental fees down, or else dentists will simply have their practices automatically limited to extractions, treatments, and surgery—operations which mechanics are not permitted to perform in Switzerland, where such a system is in force.

Perhaps you think that would be impossible in America. Well, the agitation for State

dentistry has already started, and every word that is printed or that is spoken over the radio in an effort to "enlarge dentistry's opportunities"—in other words, to "help dentistry tell her story to the public" or, in plainer words, to "sell" dentistry to the public—is bringing State dentistry nearer. That means the *end* of dentistry as a profession! Professional prerogatives will simply disappear, the type of students attracted to dentistry in the last ten years will change, and only the artisan type, who is satisfied with a government job at a living wage, will apply.

That advertising dentistry to the public will certainly result in the destruction of the profession is probably not realized by the proponents of "dental education of the public," because all that they see is more "business" for dentists and more sales of dental supplies.

Another but much smaller group think of "dental education of the public" as a humanitarian effort that will save much suffering and disease. Their hearts bleed for the poor, innocent children of the underprivileged, and they ask, "What will become of them?" For them, and for the rest of the poor, the answer may seem brutal, but at least it is sensible: let them go without, just as they have been doing since history began, at least until the dental profession has worked out an equitable plan to provide for their care. The world wasn't such a terrible place

fifty years ago, or thirty years ago, or twenty years ago. Dentistry managed to take care of a certain amount of charity work; and all this time, with the exception of the depression years, dentists have been making better livings. Surely things haven't been so bad!

If, as many believe, socialized dentistry is on the way, would it not be better to give the profession all the time possible to put its house in order, so that when socialization knocks on the door, dentistry will be fully prepared to receive socialization as a guest? On the other hand, if publicity and lay education are persisted in, the arrival of socialization will be hastened and it will enter as an intruder, and the resulting adjustments and confusion are almost certain to be to the disadvantage of dentistry as we know it.

Frequently we hear medicine held up as an example. Some dentists are jealous of the amount of publicity and "health education" that the medical profession sponsors. Well, what has fifty years of medical ballyhoo netted the physicians? If I am not mistaken, the recent investigation into the costs of medical care, which included dentistry, brought out the startling fact that the average income of physicians is *lower* than the average dentist's income! Would you like to bring about financial parity? Why haven't all these years of publicity that the medical profession has en-

joyed brought about prosperity for the physicians. We shall not venture an answer. We just point to the fact, and if you can see how dentistry can win where medicine has failed it will be because you have access to a kind of mental alchemy that is closed to me.

Coincidental with the fifty years of medical publicity and "health education" we have seen osteopathy, chiropractic, mental healing, Christian Science, diet fads, physical culture, massage, hydrotherapy and a host of isms and cults arise. Despite the advances of medical science, we find the public apathetic about the greatest possession in the world—personal health! When disease can no longer be denied, cold cures, stomachics, liniments, and cure-alls are tried first, and the physician is called as a last resort!

Is there no lesson in this for you? Is there no lesson here for those who would foist publicity on the dental profession? Surely we ought to learn from experience, even if it is medical experience. After all, we frequently point to medical publicity as an excuse for dental publicity. Is there no parallel?

Ah, we hear you say, "A man might prescribe for his own cold, but he can't fill his own tooth!" No? Well, he will soon create a dental "chiropractor" (mechanic) to do it for him at a lower fee

220 West Forty-Second Street
New York City

than dentists charge. Don't worry—the public and the politicians will find a way!

If the profession and the dental trade have any money to spend for the upbuilding of dentistry, that money might be better used in educating dentists to practice *good* dentistry at fair fees.

Let every dentist devote one hour a week in his office to the deserving poor, as suggested in ORAL HYGIENE,¹ December, 1931, and then dentistry will need no publicity and the people will have a friendlier feeling toward dentists generally. But don't expect that you will ever make "going to the dentist" a popular indoor sport.

If you dentists and dental dealers and manufacturers—yes, and laboratory men—really believe in dentistry, the kind you want to sell to the public, *then why don't you have the dental work in your own mouths attended to right now?* Have you ever stopped to think that you are a part of the public?

Let not your greed for profits or personal aggrandizement blind you utterly to the inconsistencies and the appalling dangers of this growing movement. Stop it before it is too late! It will prove a "Frankenstein" that will destroy all that you should hold dear—yes, even your profits!

¹Dunham, L. W.: What You Can Do For Dentistry—and Yourself. ORAL HYGIENE 21:2622 (December) 1931.



Ask **ORAL HYGIENE**

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado. Please enclose postage. Material of interest will be published.

EXCEMENTOSIS

Q.—I would appreciate information concerning the cause of excementosis. I have a patient, a young woman of 23, who has an extreme case of this. As a few of these teeth necessitate extraction, would you please tell me what would be the best procedure for dislodging them? The patient is extremely nervous.—O.F.W., D.D.S., Illinois.

A.—The cause of excementosis is, so far as I know, unknown. It has been thought that irritation, bacterial or mechanical, was at least one cause. However, it occurs where the teeth are sound and healthy and apparently free from irritation of any nature. Age cannot be a factor for it occurs even in deciduous teeth, and, as in this case, in young adults.

The removal of these teeth is usually difficult and frequently can be accomplished safely only by the removal of the buccal alveolar plate. It is better to remove a small portion of the buccal plate than to fracture a large piece in attempting a straight extraction.

This, of course, requires laying back a generous muco-periosteal flap before chiseling away the bone.—GEORGE R. WARNER

CELLULITIS OF TISSUES

Q.—A short time ago a patient presented himself for the extraction of an upper right third molar. In using the novocaine solution I merely infiltrated rather than using the tuberosity block. I used approximately 3 c.c. of solution. On application of the forceps I broke off the crown, but a sufficient part of the tooth remained exposed to permit me to grasp it. After considerable luxating I removed the tooth. I considered myself fortunate in being able to remove the whole tooth, as one root tip which was decidedly curved did not break.

In the extracting process the buccal mucosa was impinged by the forceps joint. I examined the wound, but it appeared of no great consequence. However, a swelling was rapidly developing. I dismissed the patient with instructions to apply cold packs. This she did for two days after which hot packs were used. The swelling increased, but subsided after the fifth day. At this time I found that there was considerable pus flowing from the impingement wound. The socket by this time had nearly closed with no discomfort whatsoever from this

area. The infected area was approximately one inch below the level of the muco-buccal injection.

Was this a secondary infection having no connection with the extraction, or was it the result of extracting the tooth?—F.J.F., D.M.D., Oregon.

A.—It seems likely that the cellulitis of the cheek tissues with the consequent breaking down and suppuration was a direct result of the injury caused by pinching the buccal mucosa in the joint of the forceps. It isn't likely that the suppuration was directly connected with the extraction of the tooth. The same injury might easily have produced the same result without a tooth having been extracted.—
GEORGE R. WARNER

DECALCIFIED AREAS

Q.—Is there any corrective diet which will help correct the decalcified areas often found at the gingival margin on the teeth of young people aged sixteen to twenty-two? Should these areas always be filled?—D.H.P., D.D.S., Wyoming.

A.—Decalcification of cervical areas of teeth is considered an evidence of caries-susceptibility of that person. Whether this condition can best be combated by keeping these areas clean or by diet has not yet been established. In the debate on this subject in New York¹ last winter both sides were ably handled yet no decision was reached. We have to acknowledge that teeth continue to decay in spite of anything we do.

¹Mouth Cleanliness vs. Dietary Reform in the Control of Dental Caries, ORAL HYGIENE 24:664 (May) 1934.

Yet, we have all had the experience of decay markedly lessening under frequent office inspections and prophylaxis and improved home care. On the other hand many investigators report a decrease in the incidence of decay and general improvement in mouth conditions by this or that change in diet.

Hanke suggests that a pint of orange juice and the juice of one lemon added to the diet of children daily will markedly decrease caries and inflammatory conditions of the soft tissues. Other investigators have shown that in maintenance of mouth health it is important to use whole grains, green vegetables, fresh fruits, and at least one quart of milk daily as well as sufficient Vitamin D in some form. English writers have emphasized the importance of finishing each meal with a detergent type of food.

In the case of your patient it would seem to be especially important to keep these decalcified areas well polished and defer the use of restorations until or if marked softening occurs.—GEORGE R. WARNER

STERILE SOLUTION FOR BURS

Q.—Is it safe to use alcohol and glycerine, or plain 95 per cent phenol to immerse burs for the purpose of keeping them sterile, particularly bone burs? Will either of these solutions ruin burs?—C.A.L., D.M.D., Boston.

A.—A solution of alcohol and glycerine is a safe one in which to leave burs, and to this

can be added a small amount of phenol. Phenol alone will rust steel instruments.—GEORGE R. WARNER

PLANS TO SPECIALIZE

Q.—After thirty-two years in general practice as a country dentist, I am considering specializing, or limiting my work; hence this question.

In addition to scaling, cleaning, and polishing with the use of pumice-powder and paste, just what would I use to improve an oral prophylaxis treatment?

Self analysis shows me my weakest point is probably extractions; my best, vulcanite work; and the rest fairly good.

With this faint outline will you try to give me some help to plan the next ten years?—there'll be no more!

At my age, nearly sixty, I do not expect or need much.—E.N.C., D.D.S., Louisiana.

A.—There is a strong feeling in both the medical and dental professions that the custom of deciding to specialize or limit one's practice and so announcing, without having had special preparation, should be frowned upon and in every possible way discouraged. In fact one may not call one's self a specialist in the best medical circles. All one may say is, "practice limited to . . ."

So, if you wish to limit your practice to periodontoclasia, you should take a course in that subject and then go to a large city and announce yourself.

If you wish to stay where you are and devote most of your time to simple prophylaxis why don't you buy Merritt's "Periodontal Diseases,"

Stillman and McCall's "Clinical Periodontia," and Fones' "Mouth Hygiene" and study them intensively? You will then be up-to-date on prophylaxis and have as good a working knowledge of the treatment of pyorrhea as you can get from books.

I think your idea of limiting yourself to the thing or things you like and think you can do well is excellent and certainly, if you get thoroughly well informed and interested in conserving the health of the soft tissues of the mouth, you'll decide that ten years is not long enough. You'll want "more."—GEORGE R. WARNER

GRINDING OF TEETH

Q.—A patient of mine who is a physician has worn his teeth by grinding them in his sleep until the occlusal surfaces of both upper and lower teeth are smooth, especially on the left side.

I have taken roentgenograms of all the teeth and tissues and find nothing that I think would cause this. The patient is 38 and developed the habit of grinding his teeth about four years ago.—E.P.H., D.D.S., Pennsylvania.

A.—Grinding of teeth at night is probably the result of a nervous reaction.

In the case you mention it may be an imbalance of occlusion or closed occlusion from too great wear, but in either event building up and balancing the occlusion would improve efficiency, appearance, and comfort and might overcome this habit of grinding of the teeth.—GEORGE R. WARNER



KINGS, DENTISTS, AND EDITORS

Small-town dentists, incensed last month because a small-*Time* reporter made a pointed reference to their appearance and manner in his story of the murder of King Alexander of Yugoslavia, bombarded *Time's* Editor with critical letters. Curious to know what was being insinuated by the comment on dentists, Doctor D. Graves Peay of Little Rock, Arkansas wrote:

Sirs:

Time, October 15, description of Alexander of Yugoslavia—"had so deeply the manner and appearance of a smalltown dentist that it was hard to remember the three most important facts of his character."

How the appearance of a small-town dentist should make it hard for the editor to remember the important facts of this man's character is interesting....

....I have a very good friend in the newspaper world who patronized the advertising dentist who patronized his paper. He patronized him until finally he was sold a set of dentures, and now he is on a permanent light diet. I enjoy people sticking by those who scratch their backs, still I have to smile when I watch him fill his tray at the cafeteria. I do not

condemn him, neither do I judge all newsmen by him. He is one of the best in this section—still his opinion of dentistry is very much like yours....

What in the appearance of the small-town dentist gives swank *Time* newsmen the right to single them out for a thrust remains a mystery. Said *Time's* Editor in response to Doctor Peay: "The average small-town dentist has the appearance and manner of the late King Alexander of Yugoslavia," whatever that may mean!

DOCTOR WARD HONORED

In recognition of his success as an educator and administrator the Board of Regents of the University of Michigan has created The Jonathan Taft Professorship in Dentistry for Doctor Marcus L. Ward, who resigned in August as the Dean of the School of Dentistry. This will enable Doctor Ward to devote his time to teaching and special research.

As an instructor in the Dental Department Doctor Ward first joined the faculty of the University of Michigan in 1903. Distinguishing himself in that capacity, he was made Dean of the School of Dentistry which was organized in 1916, a position which he has held ever

since. As a former president of the American Association of Dental Faculties and as vice-president of the Dental Educational Council of America he has gained national prominence. He has also been active in the American Dental Association, the American Chemical Society, and the American Association for the Advancement of Science.

A committee of five has been appointed to act as executives of the Dental School of the University of Michigan since the resignation of Doctor Ward as dean. The chairman of this committee is Doctor Chalmers J. Lyons. The others are Doctors R. W. Bunting, U. G. Rickert, P. H. Jeserich, and R. K. Brown.

HARMFUL DENTAL PUBLICITY

Current examples of the type of news stories that discourage visits to the dentist are two Associated Press stories released in recent weeks, under the caption "THIS MAY HURT"—IT DID.

From New York comes this harrowing tale headed, "Dentist Drilled, Nervous Patient Gets Shooting Pains":

"A patient, leaping suddenly from a dentist's chair, pulled a pistol from his pocket today and shot Doctor George W. Hindmarsh in the chest and hand.

"Doctor Hindmarsh said he had worked on two of the patient's teeth before the assault.

"Police decided the youthful patient suddenly became crazed by pain as the dentist's drill struck a

sensitive point in the third tooth."

Children in Columbus, Ohio, were pictured in the following story as happily achieving the ambition of every child to miss a dental appointment:

"The wish of perhaps every youngster who ever sat in a dental chair came true today for five children.

"The buzz of the drill had started in a school clinic. A pupil nervously braced his feet against the foot rest and clutched the arms of the chair.

"Then—the lights went out. The drill quit running and the sterilizer wouldn't sterilize.

"Five children who had come to have their teeth worked on trooped merrily back to their classes while an electrician was summoned to fix a short circuit."

AT ECONOMIC CONFERENCE

At the meeting of the National Conference on Economic Security held in Washington, November 14, 1934, the dental profession was represented by the following members of the Dental Advisory Committee: J. Ben Robinson, D.D.S., Baltimore; Bissel B. Palmer, D.D.S., New York; and Frank M. Casto, D.D.S., M.D., President of the American Dental Association; Alfred Walker, D.D.S., New York; George A. Coleman, D.D.S., Philadelphia; O. W. Brandhorst, D.D.S., St. Louis; John T. Hanks, D.D.S., New York; John T. O'Rourke, D.D.S., Louisville; Herbert E. Phillips, D.D.S., Chicago; Roy Green, D.D.S., Sacramento, California.

"CHICAGO DENTISTS" RESTRAINED

Of special significance to organized dentistry is the report that the Federal Trade Commission has recently issued an order against Benjamin D. Ritholz, of Chicago, who conducts his busi-

ness under the names of "Chicago Dentists" and "Chicago Dental House, Inc.," restraining him from misrepresenting the dental plates he sells locally and by mail.

To ORAL HYGIENE the news of this restraining order also brings particular satisfaction because of the attempt on the part of these defendants to make unethical use of material already published in this magazine. On December 21, 1933, Philip Richard Davis, attorney for ORAL HYGIENE, wrote to the International Dental House (another name for Chicago Dentists) and protested that they had violated the copyright law by having made and distributed without permission alleged reprints from ORAL HYGIENE of an article, THE POWER BEHIND THE DENTIST AS A SALESMAN by George Wood Clapp, D.D.S., in the March, 1933, issue. It is gratifying to know that such unethical business methods will be constantly under the scrutiny of the Federal Trade Commission hereafter.

This restraining order is the culmination of several months of effort to control the activities of Ritholz and his associates who advertise their services widely. Beginning in February, 1933, the Department of Registration and Education of the State of Illinois sought unsuccessfully to have the licenses of these dentists revoked. Then the Federal Trade Commission entered the picture. Through the efforts of Frank J. Hurlstone, D.D.S., Chairman of the Laws and Infractions Committee, the Chicago Dental Society cooperated actively and vigorously with the Federal Trade Commission aiding officials to unearth convincing evidence against the defendants. The result was the restraining order, a protective measure for ethical dentists and the general public.

FRAUD WARNINGS

Dentists in Washington, D. C., and Los Angeles, California, have asked us to warn ORAL HYGIENE readers against two salesmen who are attempting to swindle dentists in connection with the purchase of lights used in dental offices.

D. D. Beekman, 1830 K Street Northwest, Washington, D. C., reports that he paid a salesman \$1.25 for a spot electric lamp to attach to a bracket with the understanding that if he paid in advance there would be no charge for delivery. He has not received the lamp nor any response to several letters he addressed to the firm in question.

Lowell Hutchason, D.D.S., 649 Olive Street, Los Angeles, writes that a J. S. Dudley, who represents himself as a salesman for a prominent dental manufacturing company, made a special price on an attachment for an examination light. After the light was paid for he asked to take it away for repairs and never returned it.

LAFFODONTIA



If you have a story that appeals to you as funny, send it in to the editor. He MAY print it—but he won't send it back.

Wife: "Since the doctor extracted my tooth, it changed my bite."

Husband: "I wish he had changed your bark."

When Elsie Betters hung out a sign recently in Brushville showing she had opened a beauty shoppe, Jerry Hoban painted one in his cigar store saying that he had poppe on ice, the Emporium general store announced the arrival of toppes for spring as well as moppes for the kitchen, and Andy Whilks, the garbage man, not to be outdone, put an advertisement in the Brushville Bugle saying he was now prepared to haul away all kinds of sloppe at popular prices.

"Where is the cashier?"

"Gone to the races."

"Gone to the races in business hours?"

"Yes, sir, it is his last chance of making the books balance."

Boy: "Say, dad, what does it mean when the paper says some man went to a convention as a delegate-at-large?"

Dad: "It means his wife didn't go with him, son."

A little school girl offered the following composition on anatomy:

"Anatomy is the human body. It is divided into three separate parts, the haid, the chest and the stummick. The haid holds the skull and the brains, if there is any, the chest holds the liver, and the stum-

mick holds the vowels, which are a, e, i, o, and u, and sometimes w and y."

New Yorker (incredulously): "And you mean to say that in California you have 365 days of sunshine a year?"

Man from Los Angeles: "Exactly so, sir, and that's a mighty conservative estimate."

Breathes there a man with soul so dead,

Who never to himself hath said,
As he stubbed his toe against the bed:

"—x?! —x?! —?! —x?!"

Sam, a colored gentleman, was being implored by a church committee of brethren to contribute to a special fund the church was trying to raise. But Sam was obdurate.

"Well," said one of the brothers with a clincher of an argument, "don't you-all think you owes de Lawd anything?"

"Oh, sure, ah does," said Sam, "only He aint pressin' me like mah other creditors is."

"Two pennyworth of bicarbonate of soda for indigestion at this time of night!" cried the infuriated druggist, who had been aroused at 2 a. m., when a glass of hot water would have done just as well!"

"Weel, weel," returned Mac-Dougal, "I thank ye for the advice, and I'll no bother ye after all. Good night."

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